ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
Alex Briscoe, Director

AGENCY ADMIN. & FINANCE
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Health Program of Alameda County Application Workflow

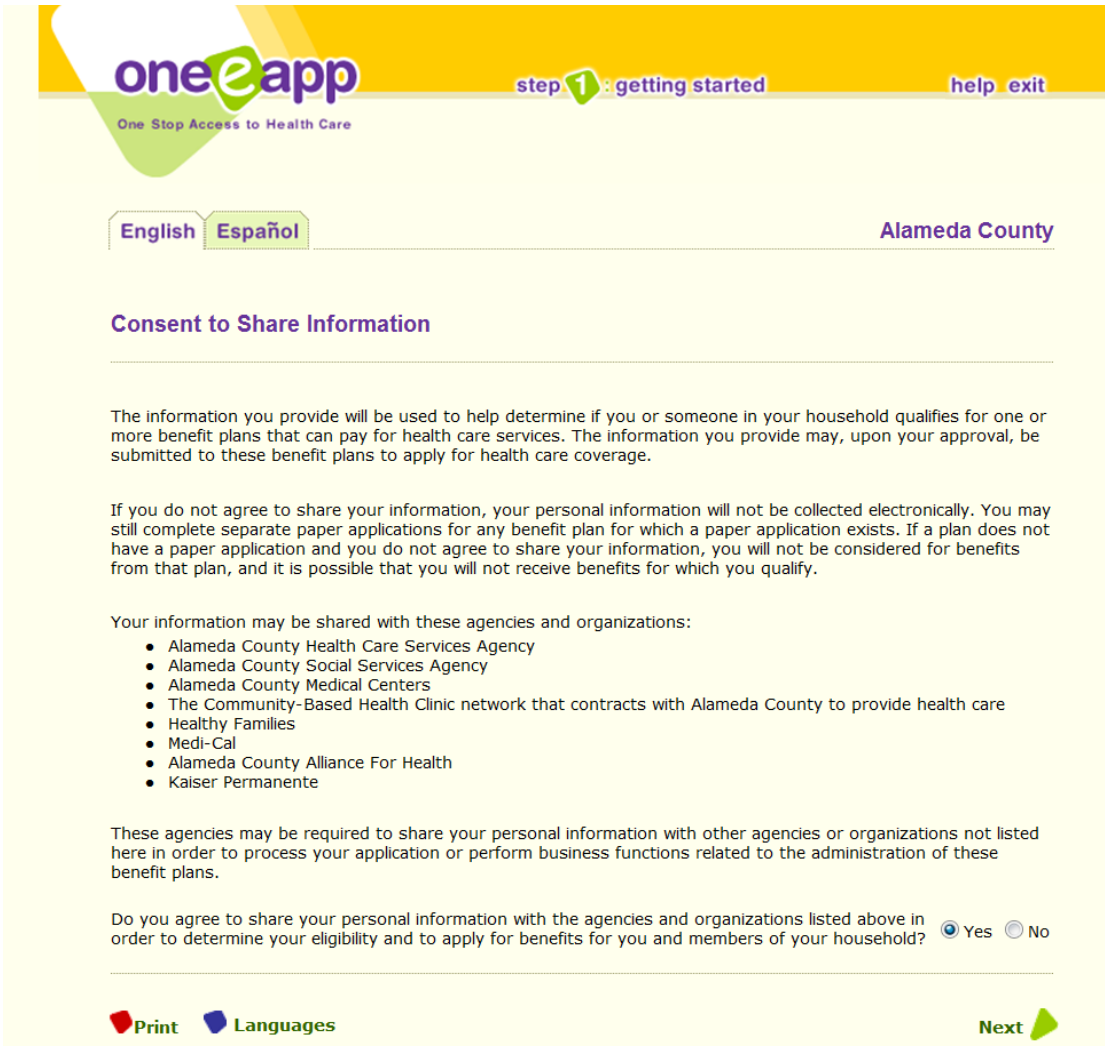
One-e-App enrolls and is the system of record for the Health Program of Alameda County ("HealthPAC").

To participate in the HealthPAC program, applicants must meet the following qualifications:

- Must have income at or below 200% of the Federal Poverty Level
- Must be a resident of Alameda County
- Must be able to provide proof of identity, proof of Alameda County Residency, and proof of income
- Applicants must be between the ages of 19 and 64 years of age
- For the MCE and HCCI Programs must be a US Citizen or a Legal Resident (for 5 years) and be able to provide proof of citizenship
- For the MCE and HCCI Programs must not have linkage to Medi-Cal, AIM or Healthy Families

The following pages will outline in a general way the screens and workflow in One-e-App:

A Typical HealthPAC Application for a single male

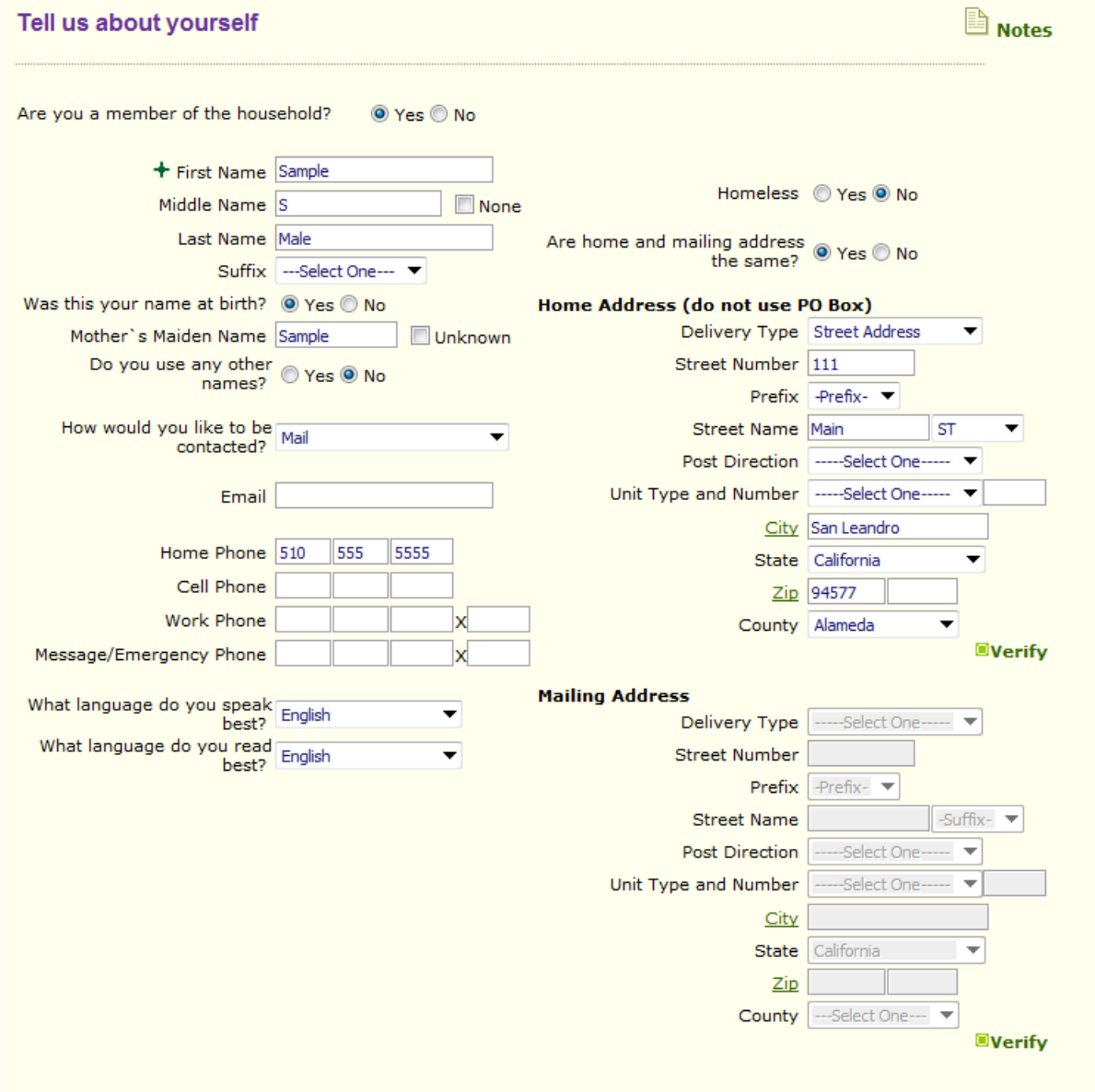


Screen 1: Consent to Share Information

This screen documents the agencies with whom the main data may be shared

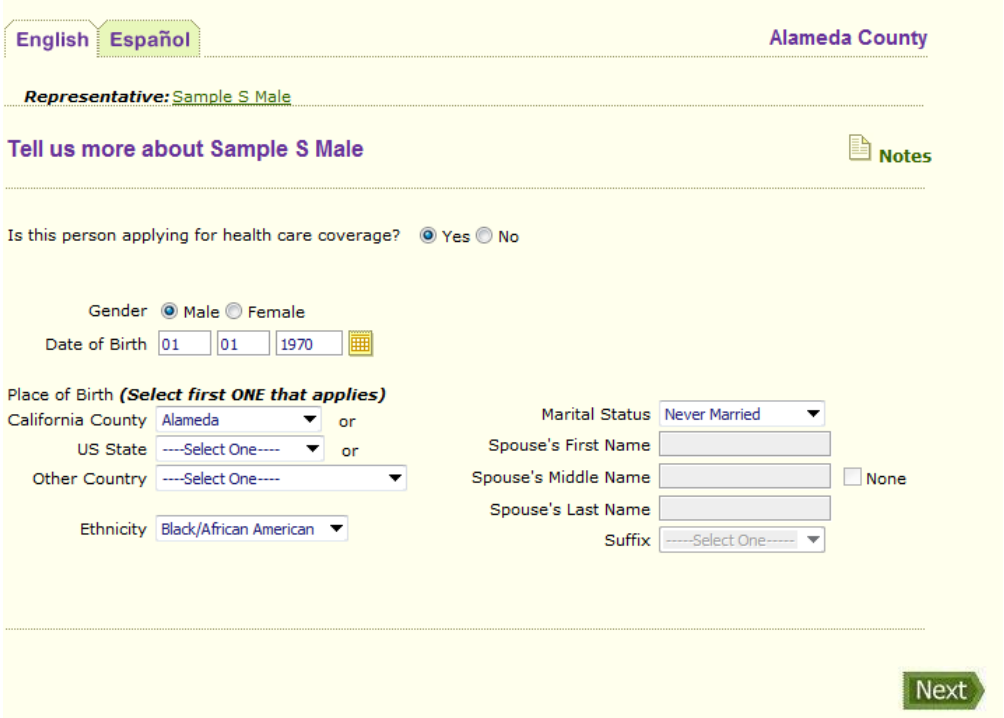
The document uses the following scenario

- **A single adult male is the Primary Informant, sole applicant and is a US Citizen**



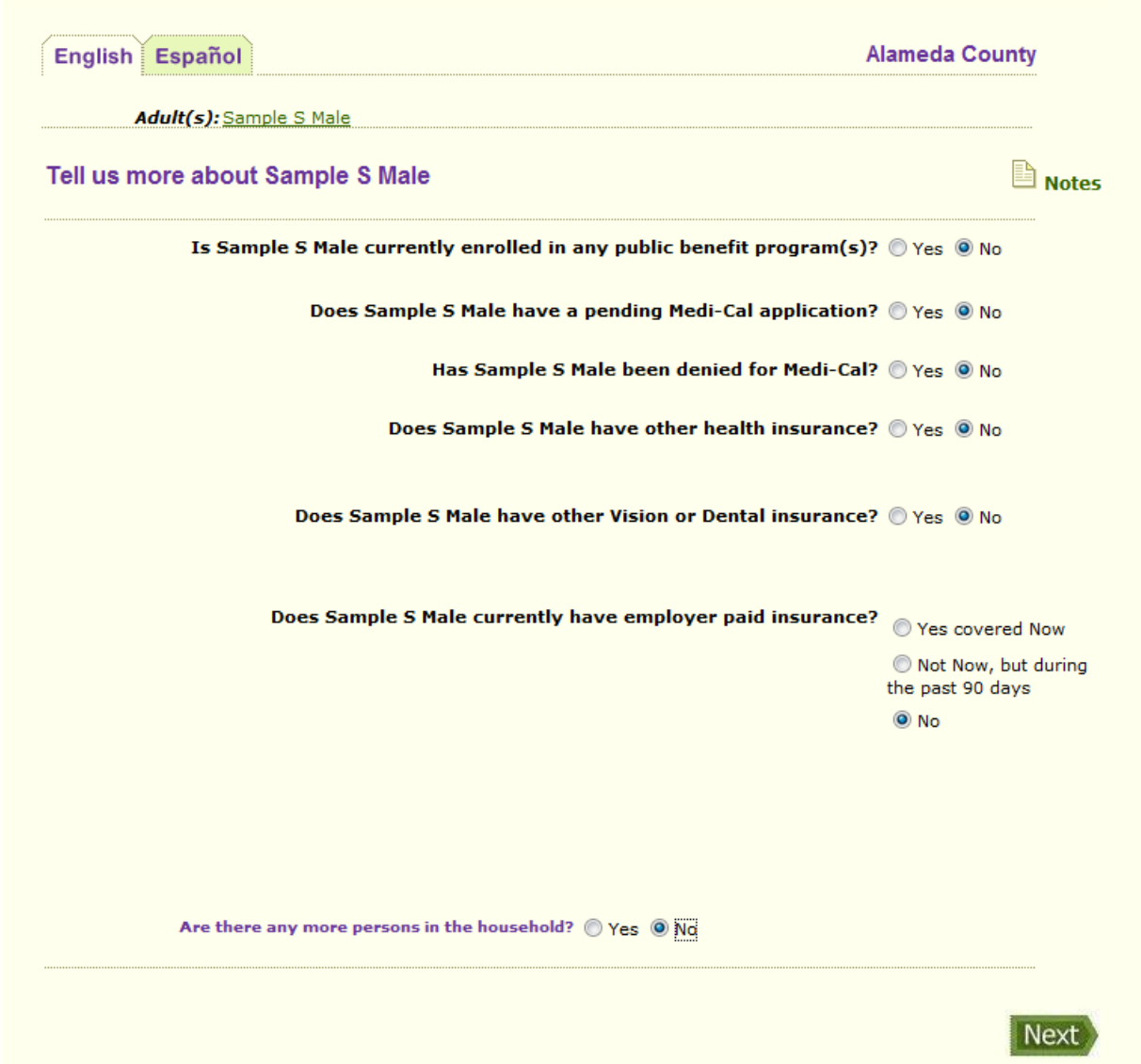
Screen 2: Tell us about yourself

Demographics Screen for Primary Informant and household address/contact information



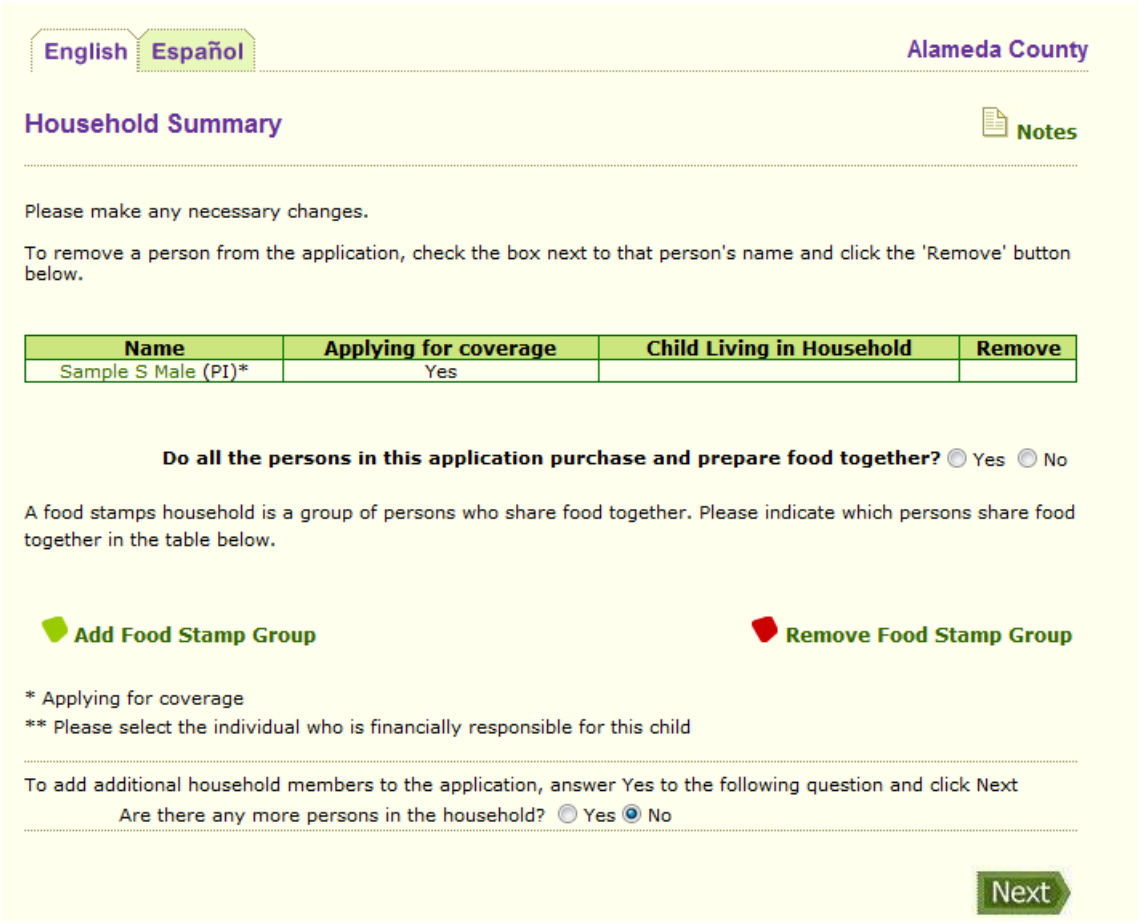
Screen 3: Tell us more about applicant – Indicates the applicant is seeking coverage and captures important demographics

Screen 4: Tell us more about Applicant - This includes screening Medi-Cal linkage questions – if an applicant links to Medi-Cal it will be primarily due to a Yes response on this screen. Applicants eligible for Medi-Cal will be forwarded to Alameda County Social Services Agency for final disposition.



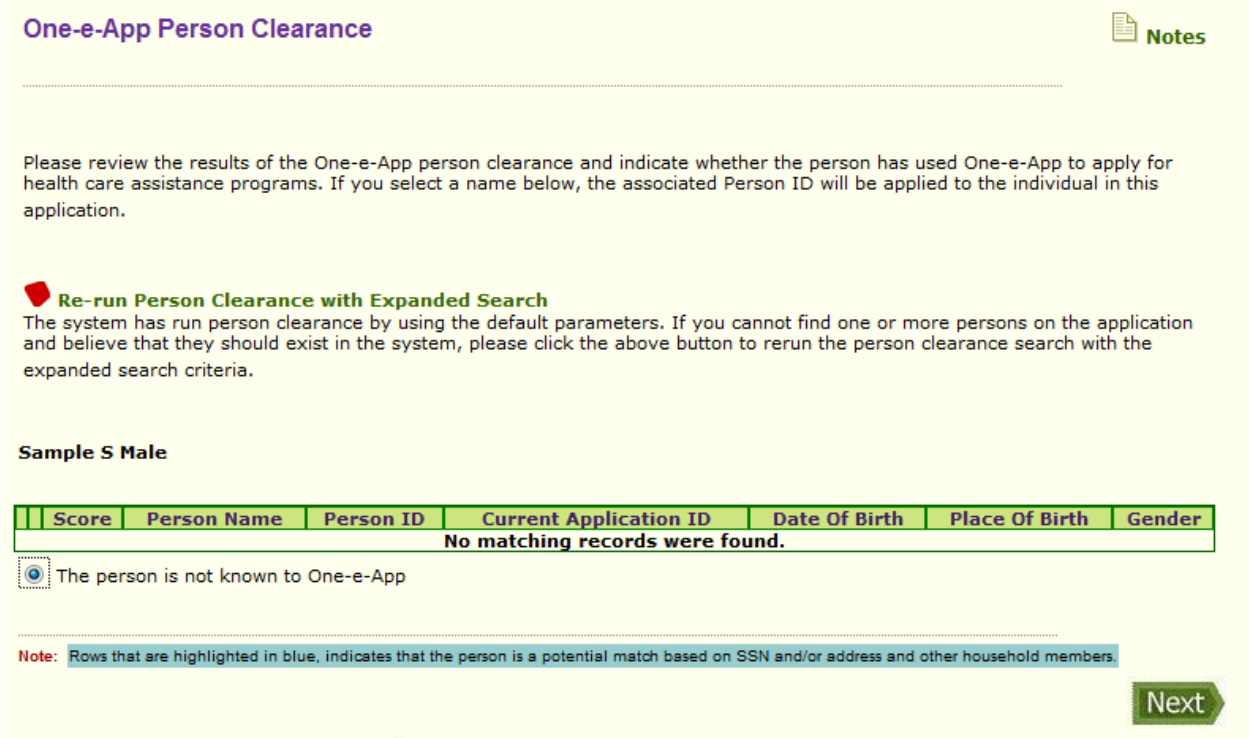
Screen 5: Tell us more about Applicant (Insurance Screen) -This screen determines linkage to both public health programs like Medi-Cal, AIM, Healthy Families and other insurance programs that might impact eligibility for the HealthPAC Program.

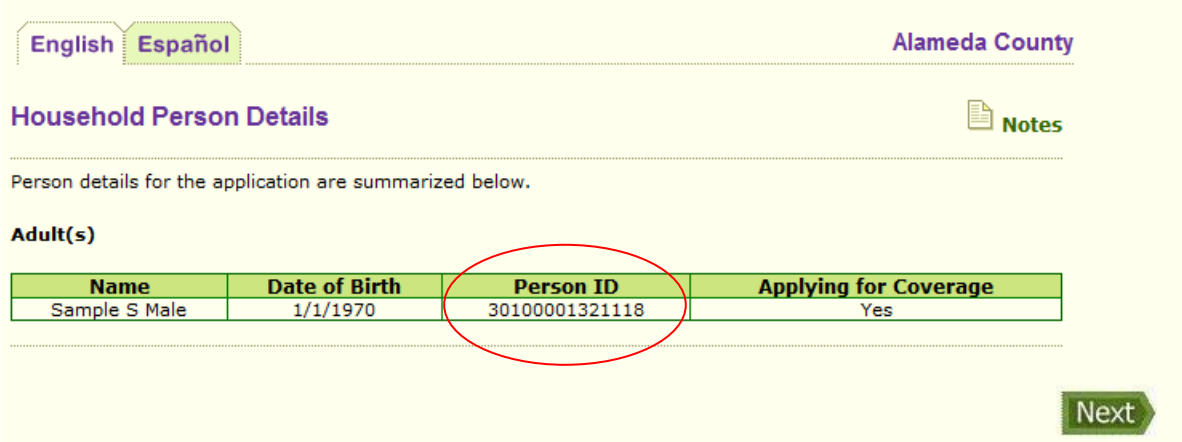
If there were more members in the household this is also the screen that cues One-e-App would ask the same questions of the other household members.



Screen 6: Household Summary Screen – gives an overview of the household structure.

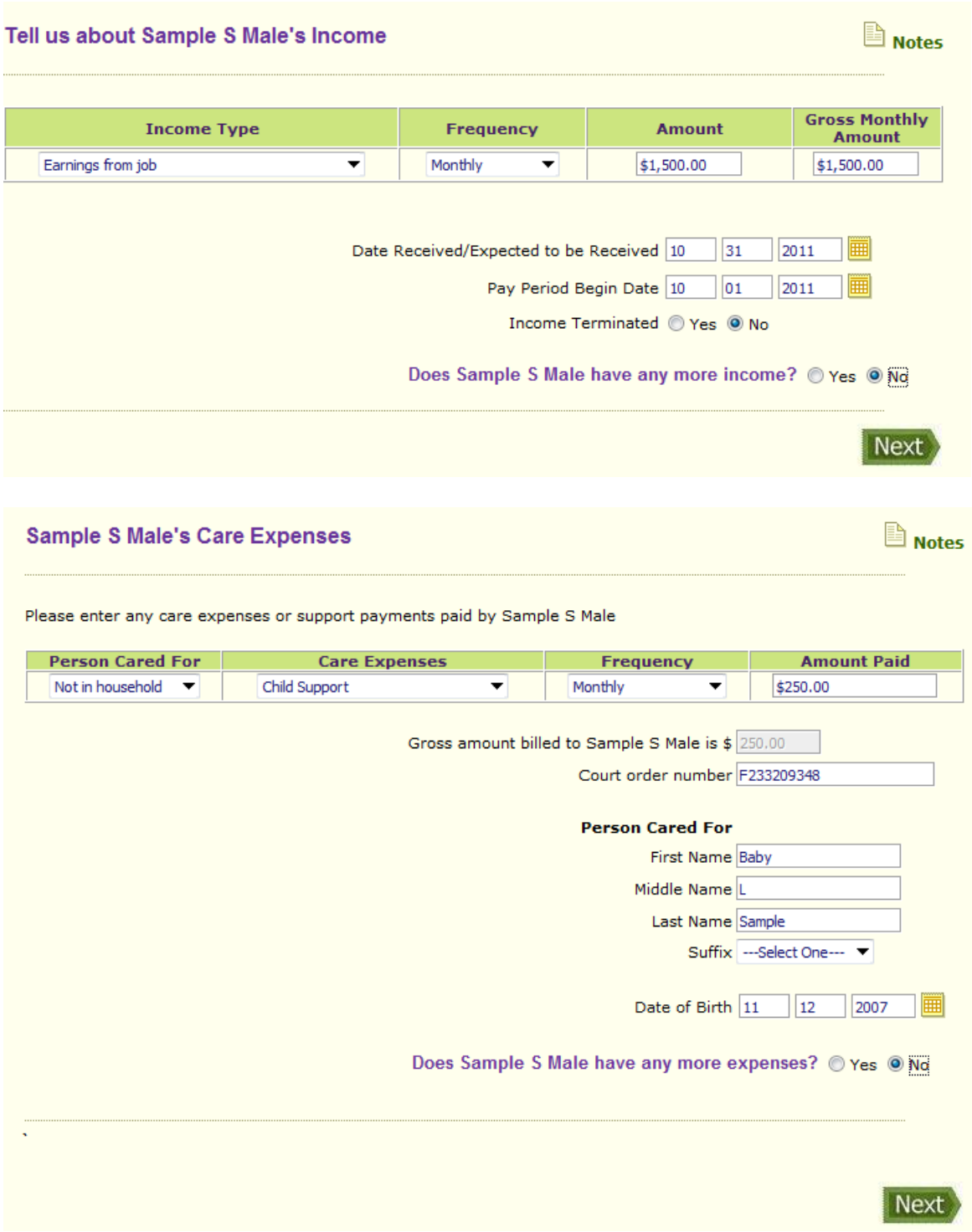
Please Note: If the applicant was a woman of childbearing age the next screen would ask about pregnancy. If the applicant was pregnant the linkage to Medi-Cal would screen the applicant out of HealthPAC MCE and HCCI



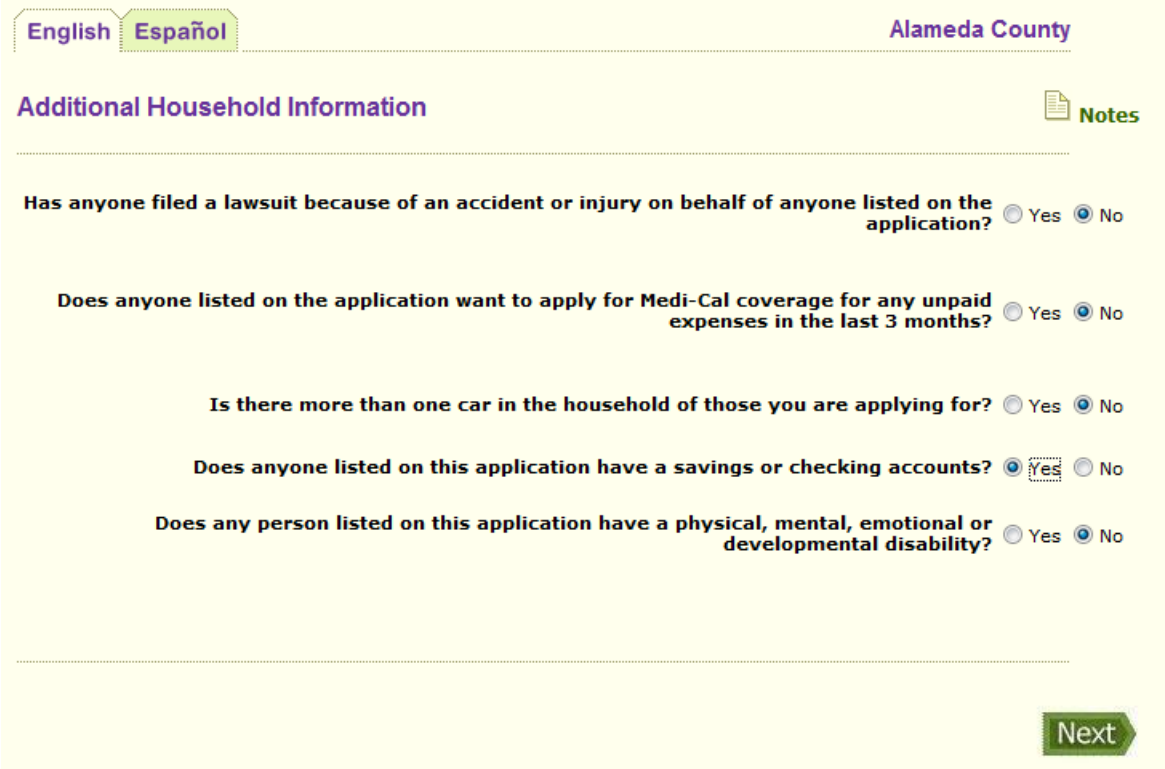


Screens 7 & 8: One-e-App Person Clearance – One-e-App needs to assign a unique identifier and performs a search against the database of existing applicants that insures that duplicates are not created in the database.

Once that search has been completed and no matches found, One-e-App assigns a unique identifier that will be used for HealthPAC Cards and reporting purposes going forward.

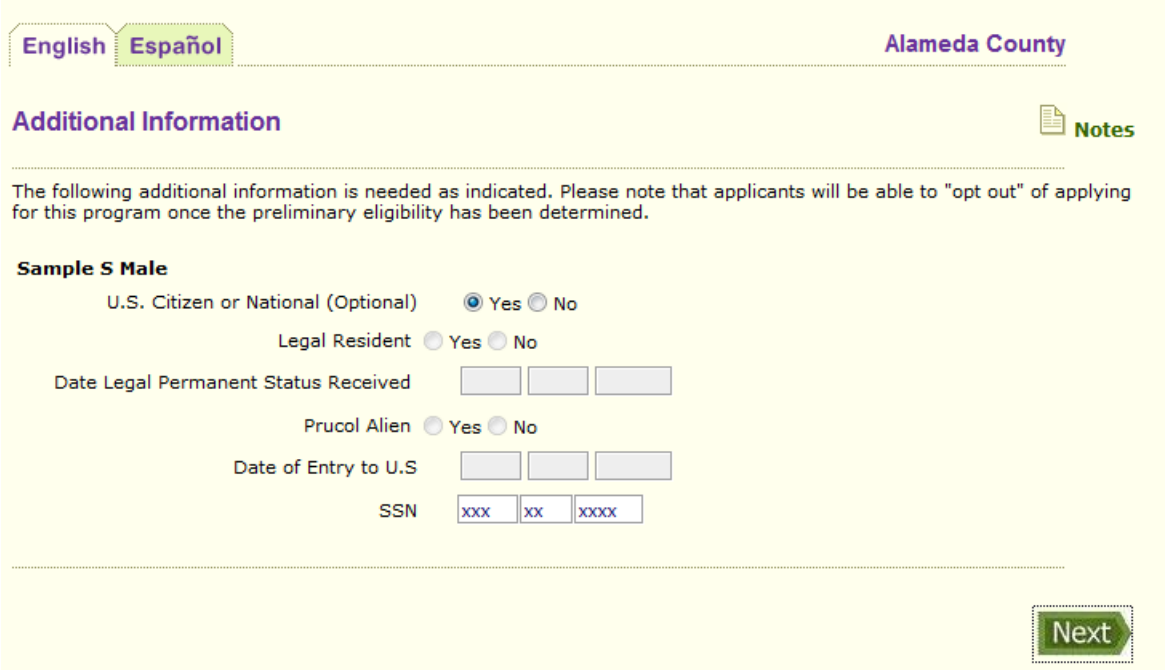


Screens 9 & 10: Household Income and Expenses – One-e-App captures the income and expense data from the applicant and uses this data to calculate eligibility (family size/age of applicant/income/expenses)

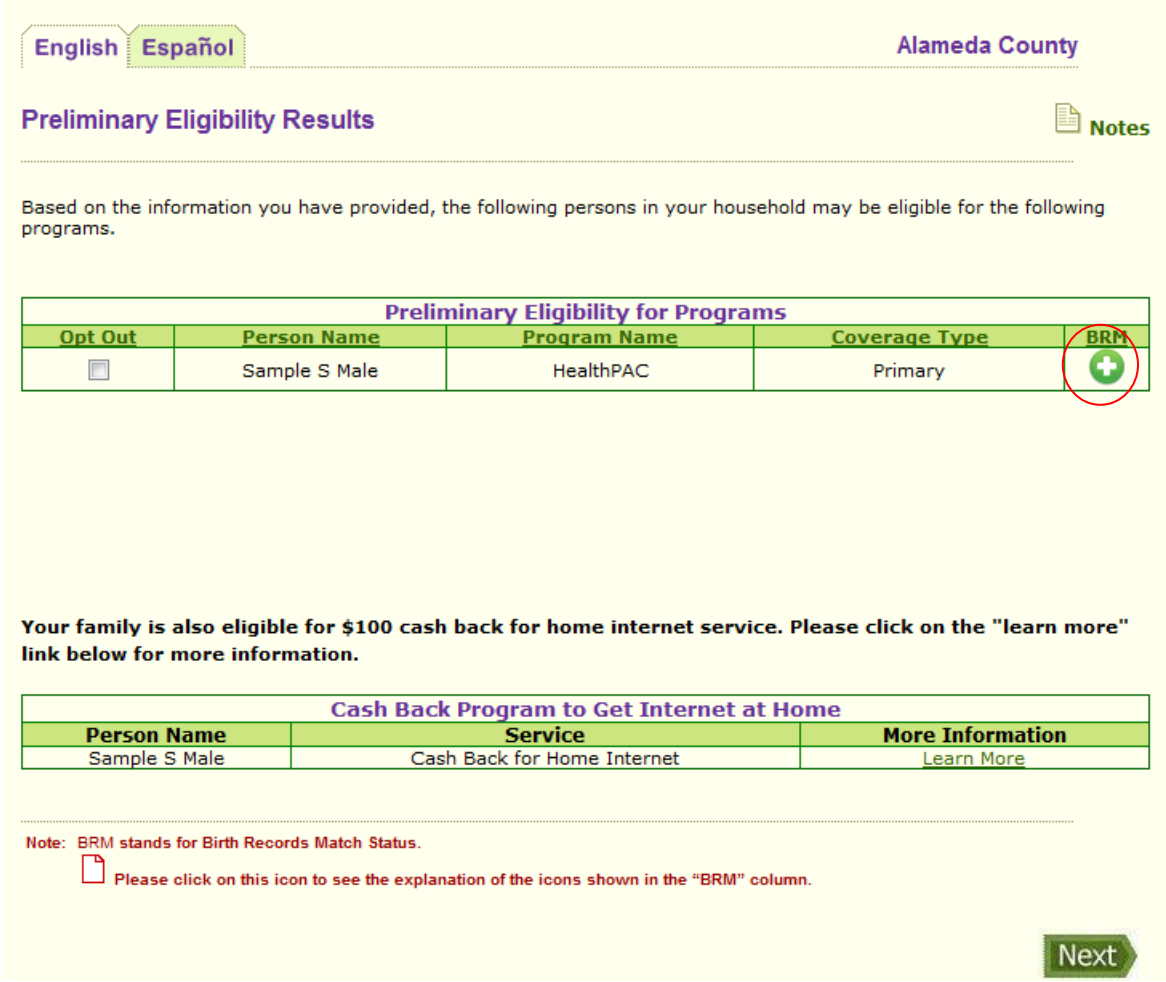


Screen 11: Additional Household Information – this finishes up the questions required for the Medi-Cal application

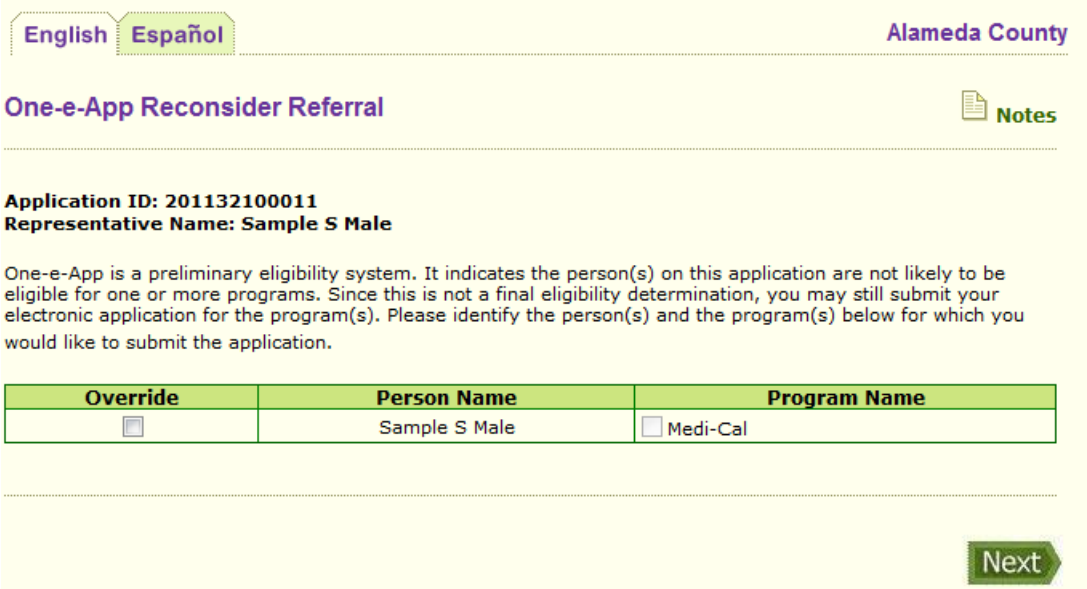
Screen 12: Potential Eligibility for Additional Programs (First Calculate) - The results of the first calculation are displayed on this screen. Applicants can be determined preliminarily eligible for multiple programs. This applicant did not qualify for Medi-Cal and is preliminarily eligible for HealthPAC, the local indigent program. Citizenship must be entered to determine the correct program within HealthPAC.



Screen 13: Additional Information (Citizenship) – since the applicant indicated that he was born in California, One-e-App defaults the answer to U.S. Citizen or National. The Social Security Number is also captured on this screen. All responses on the screen are optional.



Screen 14: Preliminary Eligibility Results (Final Eligibility) and Birth Record Match – Once the citizenship details have been completed then the final eligibility results are displayed. A in the BRM column indicates that the applicant can be matched to the California Birth Record Match database which appears in a separate window. Applicants can also submit other forms of original documentation that supports their citizenship (i.e. birth certificate, passport, etc.)



Screen 15: One-e-App Reconsider Referral: Even though this applicant did not qualify for Medi-Cal this universal application system gives him the opportunity to override this decision and apply anyway. Most applicants accept the One-e-App determination of eligibility coverage.

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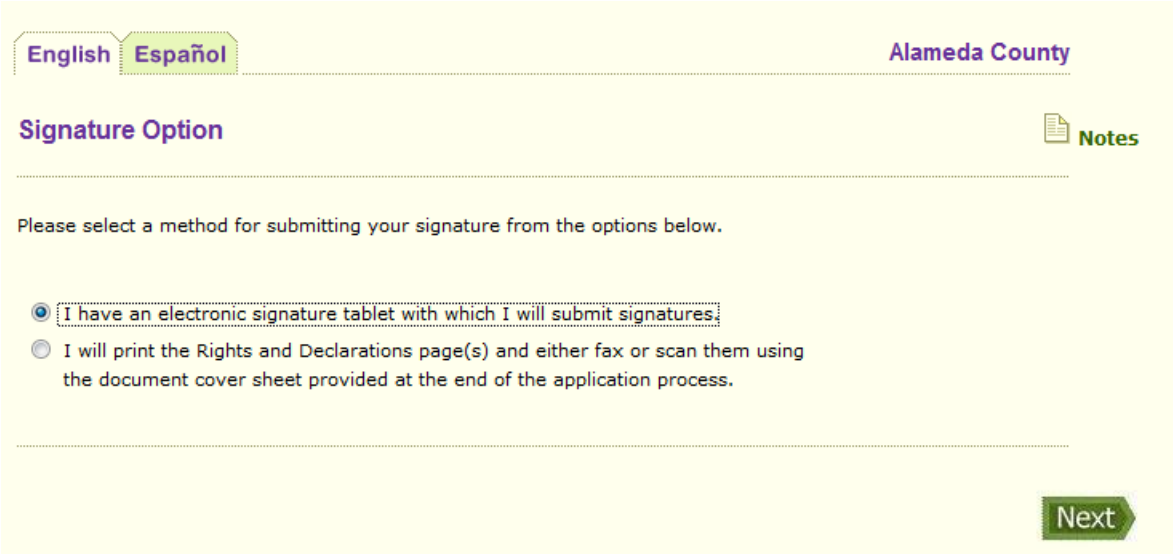
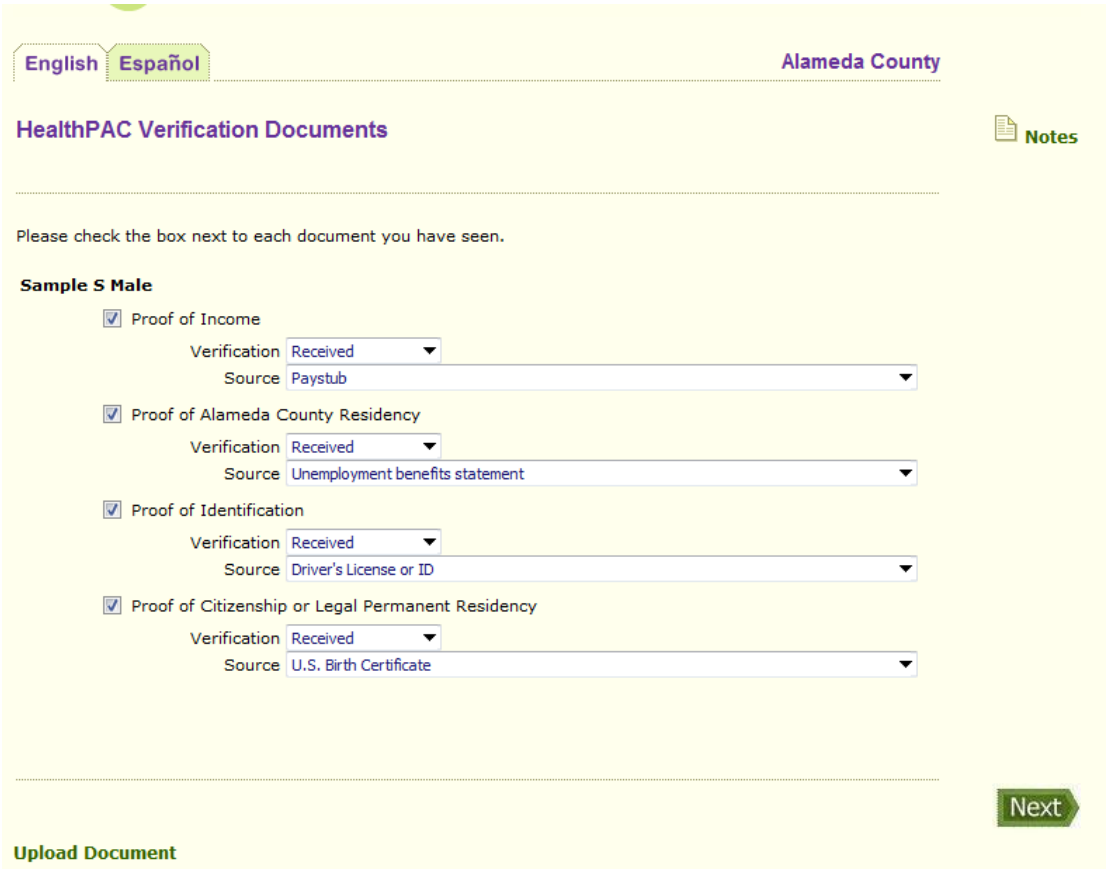
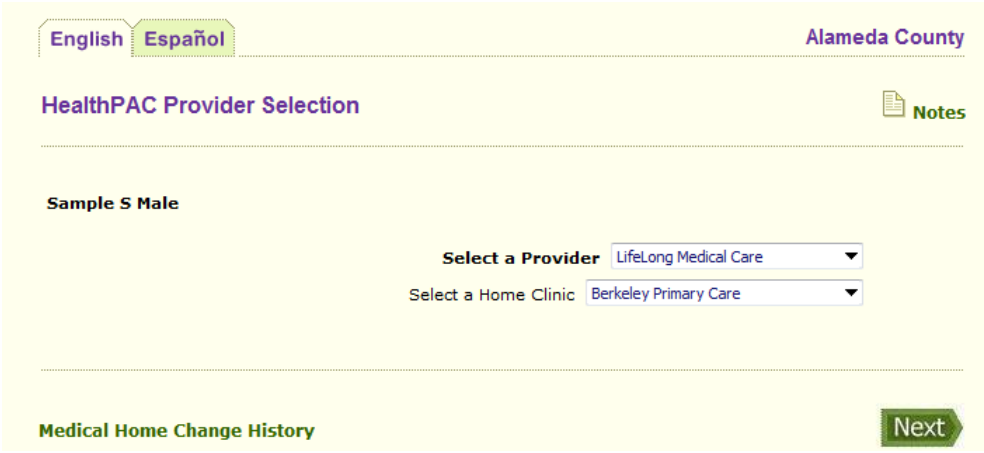


Screen 16: One-e-App allows users to choose to capture applicant signatures electronically or on paper. Most users utilize the electronic version as it reduces paper waste and is retained in the system permanently.

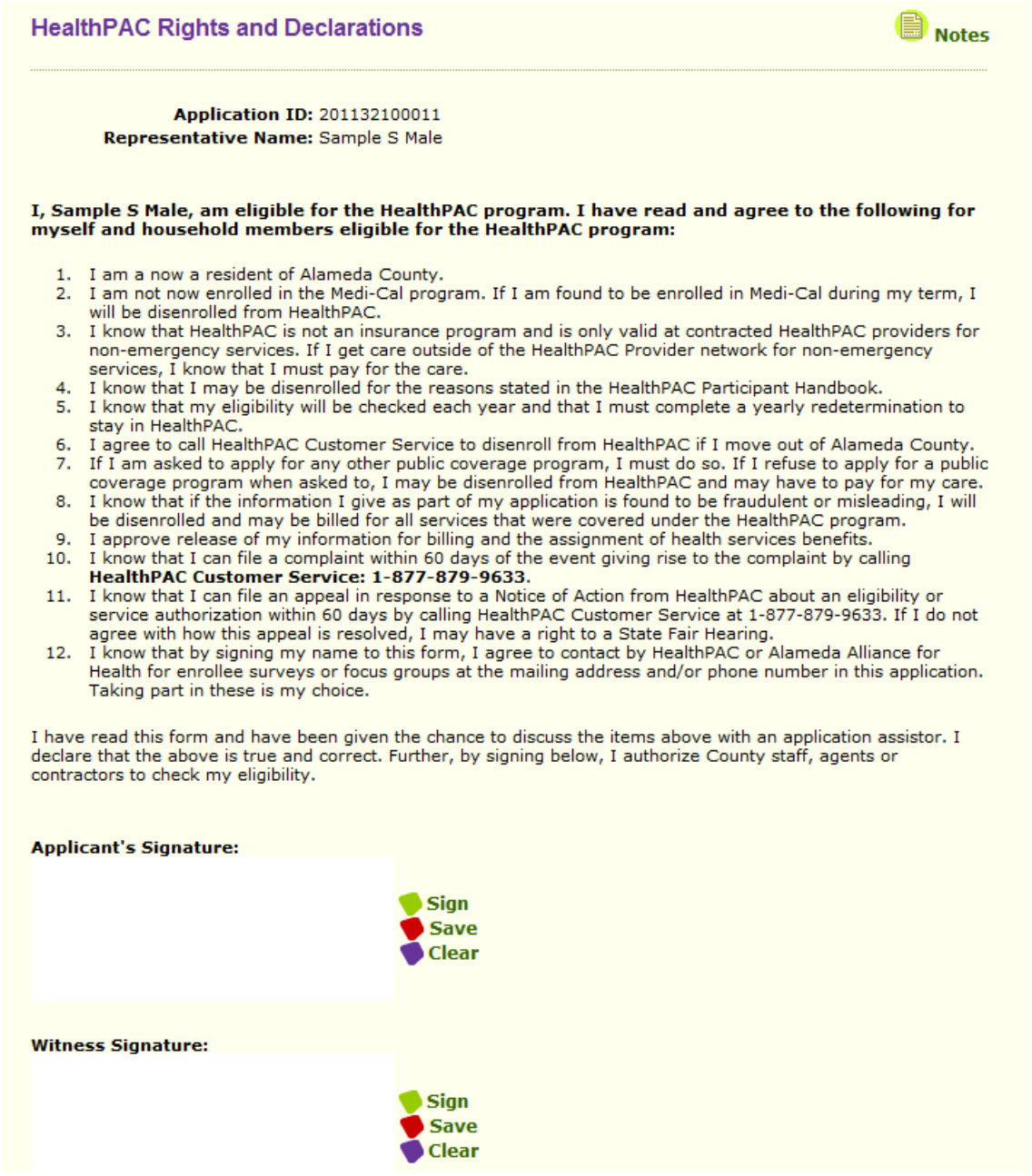


Screen 17: HealthPAC Document Verification – Applicants must provide proof of eligibility for HealthPAC. These support documents can be uploaded for audit verification via the "Upload Document" button



Screen 18: HealthPAC Medical Home

This is the page that the applicant chooses their HealthPAC Medical Home



Screen 19: HealthPAC Rights and Declarations – applicants must sign the HealthPAC declaration and consent to complete the application.

HealthPAC
Health Program of Alameda County

Participant's Guide to the Grievance and Appeal Process

Complaints and Problems:

Your satisfaction is important to us! If you have a problem with HealthPAC, you have the right to make a complaint. This is also called filing an appeal or a grievance. An appeal is when you ask for review of an "action." Actions are:

- A denial, termination or reduction of eligibility for HealthPAC
- A denial or limited authorization of a requested service
- A reduction, suspension, or termination of a previously authorized service
- A failure to provide services in a timely manner
- A failure of HealthPAC or the State to act within the timeframes for grievances and appeals

Anything other than an appeal is usually called a grievance.

If you are successfully enrolled in the program, you will get a HealthPAC Participant Handbook and a HealthPAC ID card. If you apply for HealthPAC and are denied, you will be sent a notice. If you would like to appeal a denial, termination or reduction of eligibility for HealthPAC, or have a problem with your health care services or benefits, you can call **HealthPAC Customer Service: 1-877-879-9633**. We want to help you.

If you have a grievance or appeal, you may file it by phone or by filling out a grievance form. You can contact us at 1-877-879-9633. Callers who are deaf or hard of hearing may use the California Relay Service by dialing 7-1-1. You can also send a letter that describes your complaint to:

Fax: (510) 747-4522

or

Attn: HealthPAC Grievances & Appeals
Alameda County Health Care Services Agency
1000 San Leandro Blvd, Suite 300
San Leandro, CA 94577

You will be treated with respect during the HealthPAC grievance and appeal process. You have the right to give your views or propose a solution. You may speak for yourself or have someone else speak for you. You may ask to look at our records in connection with your grievance or appeal.

Timeframes:

If you are enrolled in HealthPAC, you will be mailed a notice at least 10 calendar days before a termination or reduction in service.

If you have a problem, you must file a grievance with HealthPAC within 60 calendar days of the event giving rise to the grievance. You must file an appeal of an action within 60 calendar days of the date of the Notice of Action.

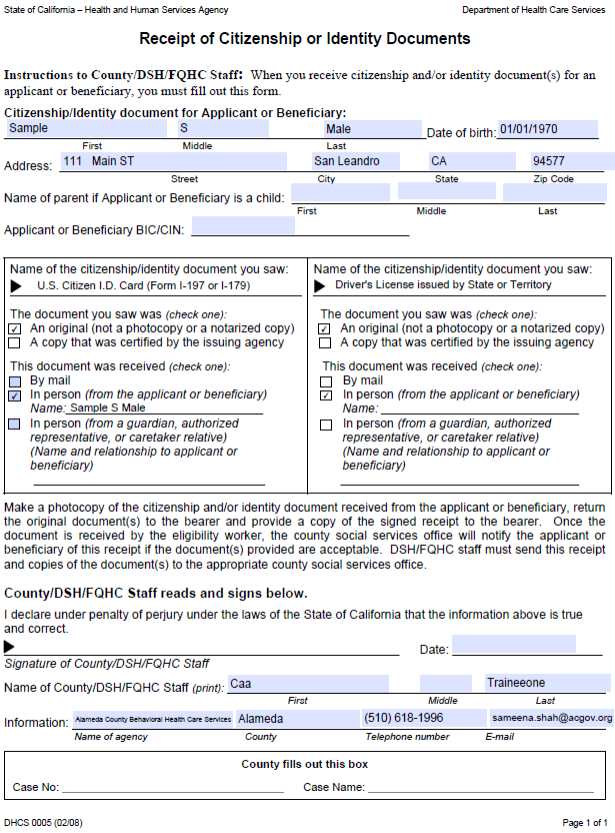
HealthPAC Customer Service will review your grievance or appeal and send you a response within **45 calendar days**. If you think that waiting 45 days will harm your health, be sure to say why when you file your grievance. Then you might be able to get an answer within **3 working days**.

Continuation of Benefits:

If you submit an appeal or grievance, your benefits will continue until one of the following:

- You withdraw the appeal.
- Ten calendar days pass after a Notice of Resolution that denies your appeal is sent to you, unless you ask for a State Fair Hearing with continued benefits within **10 calendar days** of when the appeal decision is issued.
- A State Fair Hearing decision against your appeal is issued.

Screen 20: HealthPAC Grievance and Appeals – applicants will receive a copy of their rights under the HealthPAC Grievance and Appeals Process



State of California – Health and Human Services Agency — Department of Health Care Services

Receipt of Citizenship or Identity Documents

Instructions to County/DSH/FQHC Staff: When you receive citizenship and/or identity document(s) for an applicant or beneficiary, you must fill out this form.

Citizenship/Identity document for Applicant or Beneficiary:

Sample (First) S (Middle) Male (Last) Date of birth: 01/01/1970

Address: 111 Main ST (Street) San Leandro (City) CA (State) 94577 (Zip Code)

Name of parent if Applicant or Beneficiary is a child: (First) (Middle) (Last)

Applicant or Beneficiary BIC/CIN:

Name of the citizenship/identity document you saw: ▶ U.S. Citizen I.D. Card (Form I-197 or I-179)	Name of the citizenship/identity document you saw: ▶ Driver's License issued by State or Territory
The document you saw was *(check one)*: ☑ An original (not a photocopy or a notarized copy) ☐ A copy that was certified by the issuing agency	The document you saw was *(check one)*: ☑ An original (not a photocopy or a notarized copy) ☐ A copy that was certified by the issuing agency
This document was received *(check one)*: ☐ By mail ☑ In person *(from the applicant or beneficiary)* *Name:* Sample S Male ☐ In person *(from a guardian, authorized representative, or caretaker relative)* *(Name and relationship to applicant or beneficiary)*	This document was received *(check one)*: ☐ By mail ☑ In person *(from the applicant or beneficiary)* *Name:* ☐ In person *(from a guardian, authorized representative, or caretaker relative)* *(Name and relationship to applicant or beneficiary)*

Make a photocopy of the citizenship and/or identity document received from the applicant or beneficiary, return the original document(s) to the bearer and provide a copy of the signed receipt to the bearer. Once the document is received by the eligibility worker, the county social services office will notify the applicant or beneficiary of this receipt if the document(s) provided are acceptable. DSH/FQHC staff must send this receipt and copies of the document(s) to the appropriate county social services office.

County/DSH/FQHC Staff reads and signs below.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

▶ *Signature of County/DSH/FQHC Staff* Date:

Name of County/DSH/FQHC Staff *(print)*: Caa (*First*) (*Middle*) Traineeone (*Last*)

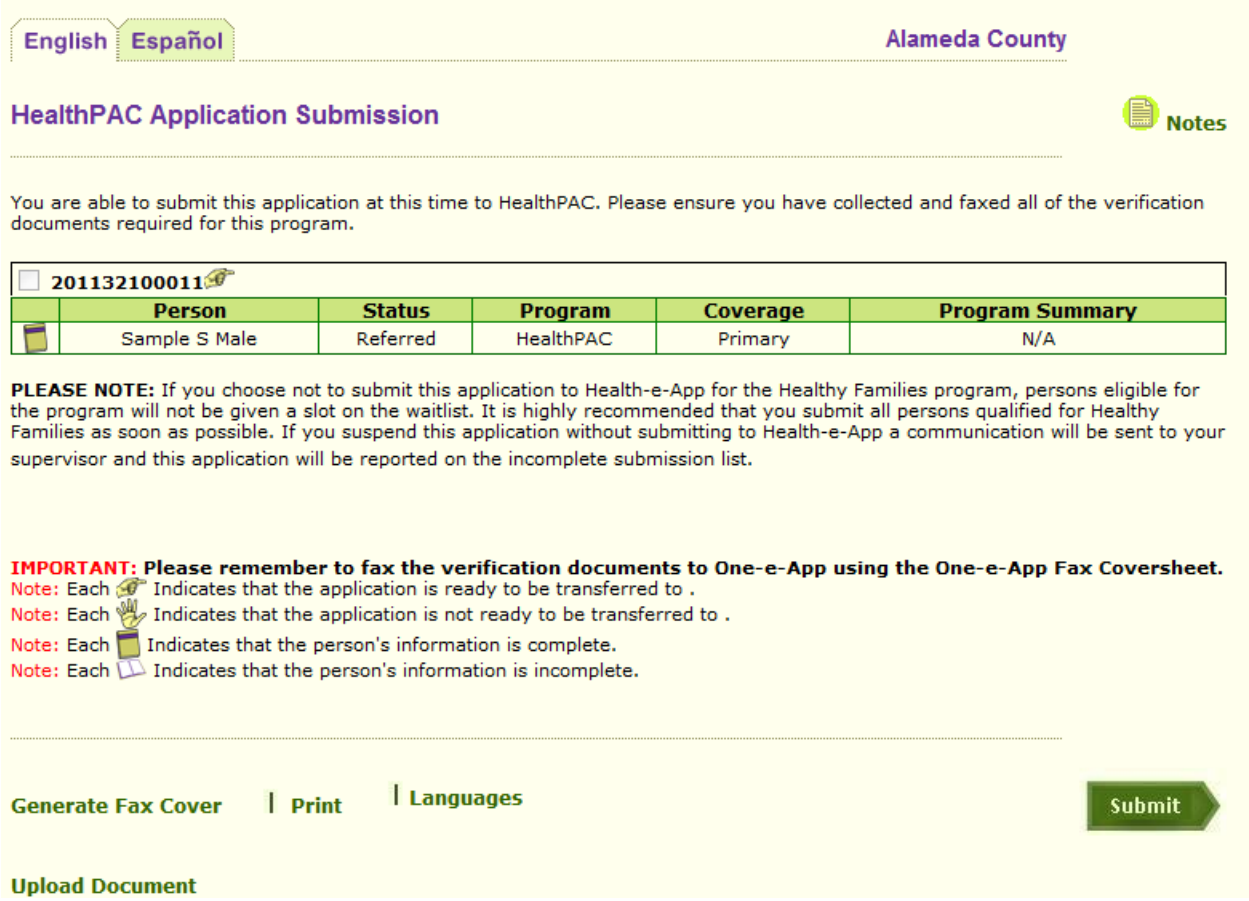
Information: Alameda County Behavioral Health Care Services (*Name of agency*) Alameda (*County*) (510) 618-1996 (*Telephone number*) sameena.shah@acgov.org (*E-mail*)

County fills out this box

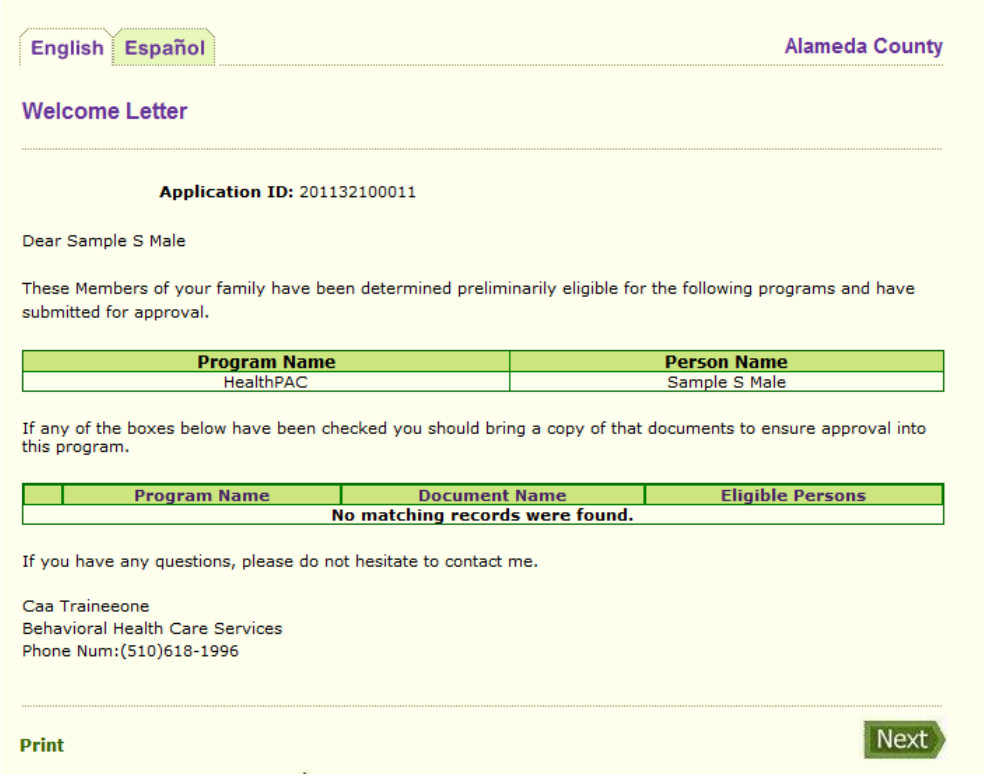
Case No: Case Name:

DHCS 0005 (02/08) — Page 1 of 1

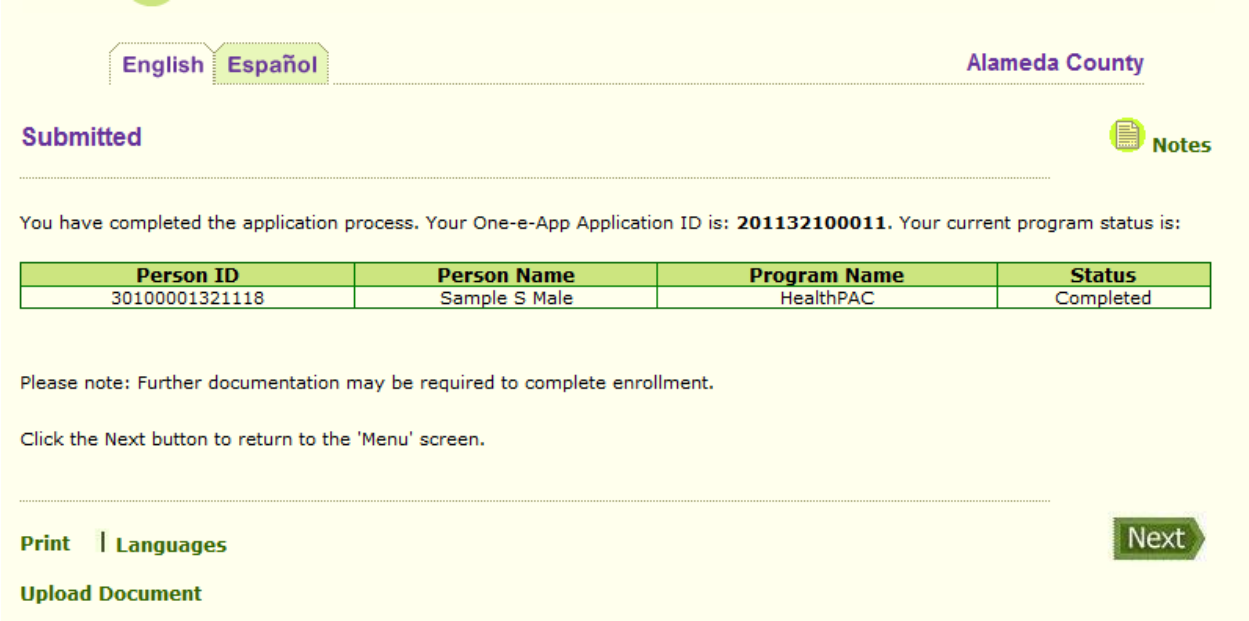
Screens 21 & 22: Receipt of Citizenship or Identity Documents (DHCS 0005) – on this screen users must verify that they have seen original documents that support the citizenship and identity of the applicant eligible for HealthPAC. This will be stored electronically as a completed and signed PDF.



Screen 23: HealthPAC Application Submission – Fax cover sheets can also be generated to scan applicant verification documents and then are referred to the Audit Workload for review and compliance with HealthPAC Program rules including verification of faxed documents (Proof of Identity, Proof of Alameda County Residency, Proof of Income, and Proof of Citizenship.)

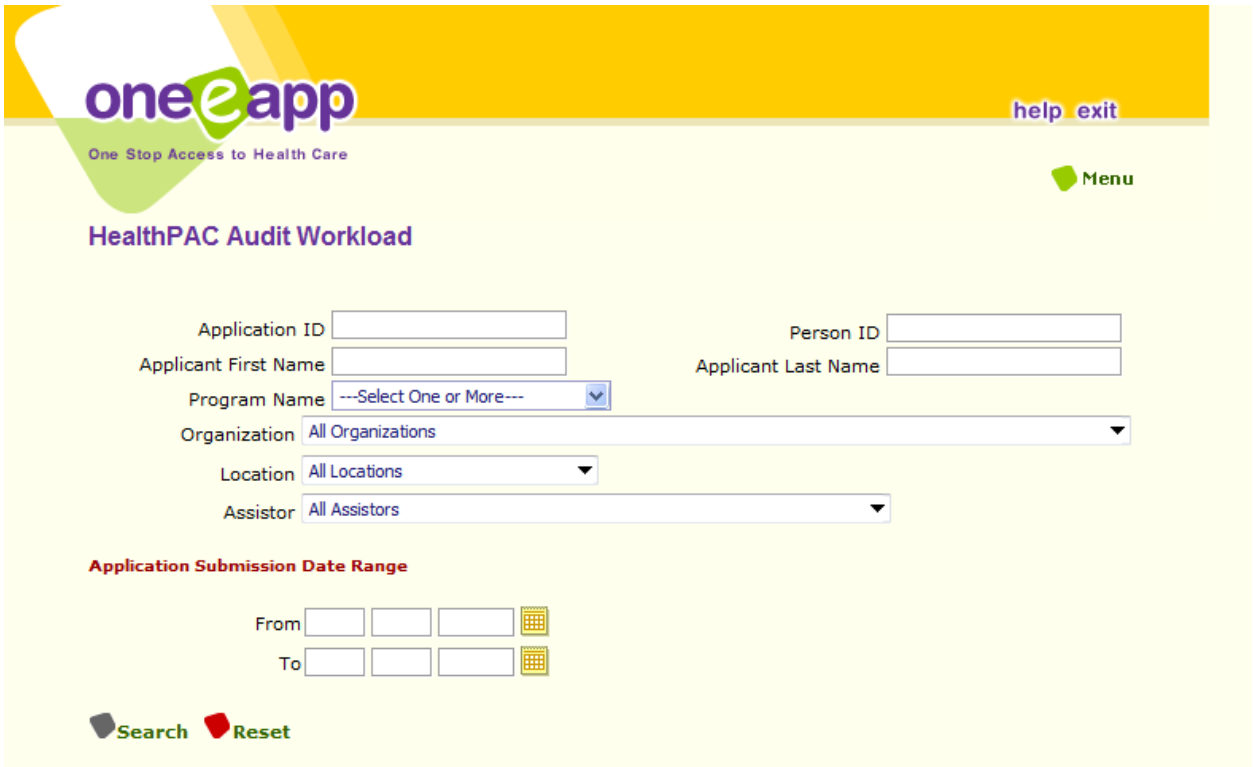


Screen 24: HealthPAC Welcome Letter – this screen can be printed and given to the applicant to remind them to bring in missing documentation and give them a number and name of a person to contact for follow-up

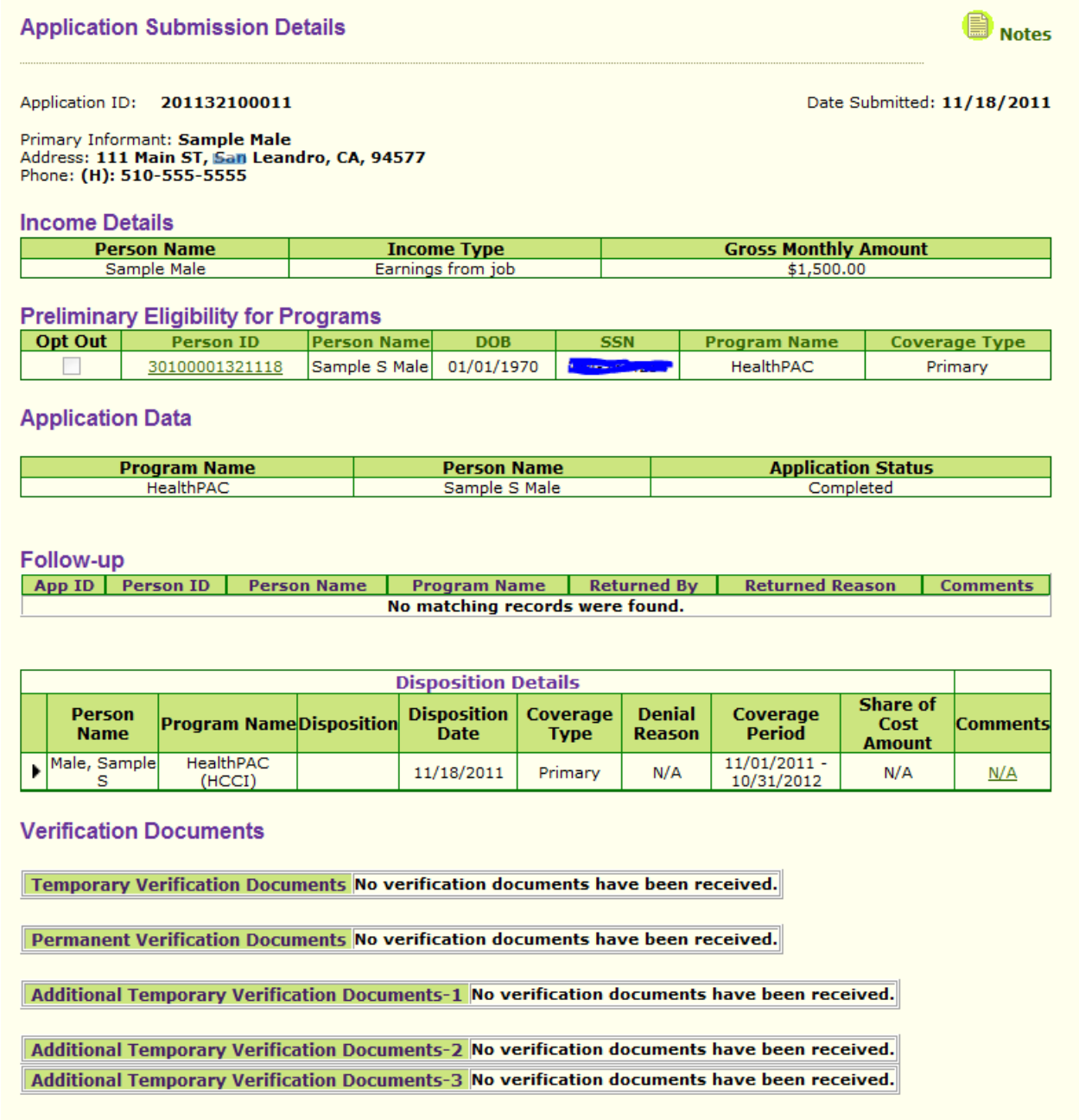


Screen 25: Submission Screen– this screen confirms submission to the Audit workload for review and approval

The HealthPAC Approval Process



Screen 26: HealthPAC Audit Workload –Once the user clicks submit, the HealthPAC application will be routed to a HealthPAC Auditor who will review the application for compliance with the program rules. They will find this application in the HealthPAC Audit Workload immediately after submission. The HealthPAC Auditor will click on the application they wish to audit.



Application Submission Details

Notes

Application ID: **201132100011**

Date Submitted: **11/18/2011**

Primary Informant: **Sample Male**
Address: **111 Main ST, San Leandro, CA, 94577**
Phone: **(H): 510-555-5555**

Income Details

Person Name	Income Type	Gross Monthly Amount
Sample Male	Earnings from job	$1,500.00

Preliminary Eligibility for Programs

Opt Out	Person ID	Person Name	DOB	SSN	Program Name	Coverage Type
☐	30100001321118	Sample S Male	01/01/1970	[redacted]	HealthPAC	Primary

Application Data

Program Name	Person Name	Application Status
HealthPAC	Sample S Male	Completed

Follow-up

App ID	Person ID	Person Name	Program Name	Returned By	Returned Reason	Comments
No matching records were found.						

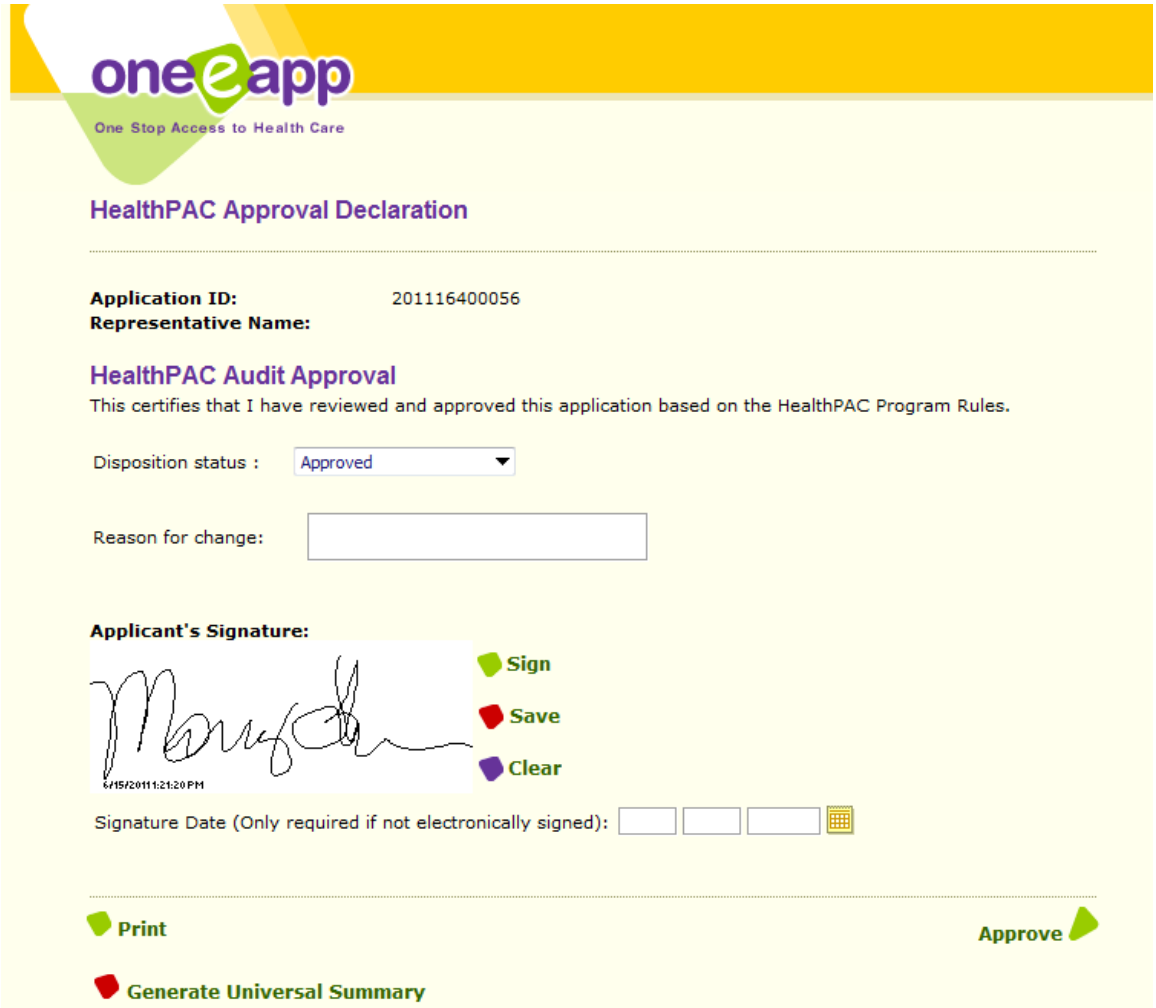
Disposition Details

	Person Name	Program Name	Disposition	Disposition Date	Coverage Type	Denial Reason	Coverage Period	Share of Cost Amount	Comments
▶	Male, Sample S	HealthPAC (HCCI)		11/18/2011	Primary	N/A	11/01/2011 - 10/31/2012	N/A	N/A

Verification Documents

Temporary Verification Documents	No verification documents have been received.
Permanent Verification Documents	No verification documents have been received.
Additional Temporary Verification Documents-1	No verification documents have been received.
Additional Temporary Verification Documents-2	No verification documents have been received.
Additional Temporary Verification Documents-3	No verification documents have been received.

Screen 27: HealthPAC Disposition Details – The auditor can verify all of the application details to confirm that the applicant has been compliant with all HealthPAC Program rules.



Screen 28: HealthPAC Approval Declaration – Once the Auditor has verified that the applicant has been compliant with all HealthPAC Program rules the application can be signed, approved and forwarded back to the Alameda Alliance for HealthPAC Card generation.